



Filing ID #10020172

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Joe Peters  
**Status:** Congressional Candidate  
**State/District:** PA11

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2018  
**Filing Date:** 04/15/2018

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
FERS Fed Govt Employee Retirement System		\$15,001 - \$50,000	undetermined	None	None
Merill Lynch		\$15,001 - \$50,000	undetermined	None	None
Nanobeak, Inc.		\$250,001 - \$500,000	None		
DESCRIPTION: Represents shares held in private company					
New York Life		\$100,001 - \$250,000	undetermined	None	\$50,001 - \$100,000
Pension - Comm of PA		Undetermined	retirement	\$1,001 - \$2,500	\$5,001 - \$15,000
Vantage Health Common (VNTH)		\$1,001 - \$15,000	None		

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
New York Life	Retirement withdrawal	N/A	N/A
Comm of PA	Retirement	\$7,598.04	\$2,400.00
Nanobeak, Inc	salary	\$52,000.00	\$13,030.84
Peters Design Group	Fees	N/A	\$1,000.00

**SCHEDULE D: LIABILITIES**

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Visa Gold	04/17	Credit Card	\$10,000 - \$15,000

**SCHEDULE E: POSITIONS**

Position	Name of Organization
Board member and president	Nano Mobile Healthcare, Inc.
Board member and president	Nanobeak, Inc.

**SCHEDULE F: AGREEMENTS**

Date	Parties To	Terms of Agreement
October 1983	Myself and Comm of Pa	state employee pension
December 1999	Myself and Federal Govt retirement system (FERS)	Federal pension

**SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Source (Name and Address)	Brief Description of Duties
Nano Mobile Healthcare, Inc. (New York, NY, US)	compensation
Nanobeak, Inc (New York, NY, US)	compensation
Peters Design Group, Inc. (Scranton, PA, US)	fees
Institute for Intergovernmental Research (Tallahassee, FL, US)	employee compensation and fees
Citizens Crime Commission (Philadelphia, PA, US)	fees

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Joe Peters , 04/15/2018